



In re Application of: Kovesdi et al.  
 Application No. 09/934,207  
 Filed: August 21, 2001  
 For: ADENOVECTOR PHARMACEUTICAL COMPOSITION

Mail Stop Non-Fee Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

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JUL 24 2003

TECH CENTER 1600/2900

Sir:

Transmitted herewith is a response to office action in the subject application.

☐ Applicants claim small entity status of this application under 37 C.F.R. 1.27.

☒ Petition for Extension of Time

☐ Applicants petition for a extension of time under 37 C.F.R. 1.136, the fee for which is (enclosed).

☒ Applicants believe that no petition for an extension of time is necessary. However, to the extent that such petition is deemed necessary, Applicants hereby petition for a sufficient extension of time to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.

☒ No additional claim fee is required.

☒ Other: Terminal Disclaimer Under 37 CFR 1.321(c) re: U.S. Patent No. 5,994,106  
 Terminal Disclaimer Under 37 CFR 1.321(c) re: U.S. Patent No. 5,851,806  
 Terminal Disclaimer Under 37 CFR 1.321(c) re: U.S. Patent No. 6,482,616

The claim fee has been calculated as shown below:

|                                  |                                      |       |                                    |                      | SMALL ENTITY |                  | OTHER THAN A SMALL ENTITY |                  |
|----------------------------------|--------------------------------------|-------|------------------------------------|----------------------|--------------|------------------|---------------------------|------------------|
| CLAIMS REMAINING AFTER AMENDMENT |                                      |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | EXTRA CLAIMS PRESENT | RATE         | ADDIT. CLAIM FEE | RATE                      | ADDIT. CLAIM FEE |
| TOTAL                            | 20                                   | MINUS | 20                                 | =0                   | x 9=         | \$0.00           | x 18=                     | \$0.00           |
| INDEPENDENT                      | 1                                    | MINUS | 3                                  | =0                   | x 42=        | \$0.00           | x 84=                     | \$0.00           |
| <input type="checkbox"/>         | FIRST PRESENTATION OF MULTIPLE CLAIM |       |                                    |                      | + 140=       | \$0.00           | + 280=                    | \$0.00           |
|                                  |                                      |       |                                    |                      | TOTAL        | \$0.00           | TOTAL                     | \$0.00           |

☐ Please charge my Deposit Account No. 12-1216 in the amount of \$ . A duplicate copy of this sheet is attached.

☐ A check in the amount of \$ is attached.

☒ The Commissioner is hereby authorized to charge any deficiencies in the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-1216. A duplicate copy of this sheet is attached.

☒ Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 C.F.R. 1.17.

Respectfully submitted,

LEYDIG, VOIT & MAYER, LTD.

By

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